

**BEST AVAILABLE COPY**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE	
								APPLICANT(S)			
<b>CLAIMS</b>											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
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40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
<b>TOTAL IND.</b>	<b>6</b>						<b>TOTAL IND.</b>				
<b>TOTAL DEP.</b>	<b>12</b>		↓		↓		<b>TOTAL DEP.</b>	↓		↓	
<b>TOTAL CLAIMS</b>	<b>18</b>						<b>TOTAL CLAIMS</b>				